



MIDDLETOWN FIRE DEPARTMENT

239 WYATT ROAD
MIDDLETOWN, RHODE ISLAND 02842
VOICE 401-845-0444 FAX 401-845-0499

FIRE ALARM REGISTRATION

Building/Business Name: _____ Box No: _____

Address: _____ Phone No: _____

Building Owner: _____

Address: _____ Phone No: _____

Persons to Notify in CASE OF EMERGENCY

Name: _____ Title: _____ Phone No: _____

Name: _____ Title: _____ Phone No: _____

Name: _____ Title: _____ Phone No: _____

Building Insurer: _____

Alarm Service & Testing Contractor: _____ RI License No: _____

Address: _____ Phone No: _____

Radio Master Box Service & Testing Contractor: _____ RI License No: _____

Address: _____ Phone No: _____

Location of Key Access Box: _____

1. I agree that if a system trouble develops at the protected premises and the system will be out of service for a period of time, the Middletown Fire Department will be notified and the system repaired as soon as possible.
2. I am aware that the Rhode Island Fire Safety Code requires that all fire alarm systems be maintained and tested by a qualified firm or person(s) on a regular basis to ensure proper operation. Forms shall be sent to the Middletown Fire Department to verify the work has been accomplished. (RIUFC 13.8.7.1)
3. I understand that the Middletown Fire Department requires all owner/occupants of buildings not occupied on a twenty-four hour basis install a key access system, to gain entry without damage to the unoccupied building.
4. Registration fee of \$100.00 is to be paid when the final alarm system inspection is conducted. Town Ordinance 91A.02, (A)
5. An annual fee of \$200.00 will be charged for all Radio Master Boxes. Town of Middletown Town Ordinance 91A.02, (B)

Owners Signature: _____ Date: _____

Address: _____ Phone No: _____

ALL INFORMATION ON THIS FORM MUST BE COMPLETED